



VIRGINIA DEPARTMENT OF SOCIAL SERVICES

**REQUEST FOR APPLICATIONS (RFA)
(SUB-GRANT NUMBER GBEN-05-02)**

GRANT PROPOSAL TEMPLATE: EMPLOYMENT ADVANCEMENT FOR TANF PARTICIPANTS¹

**FY 05-06 FUNDING
(18 Months)**

APPLICATION DEADLINE: 5 p.m. October 7, 2004

Letter Of Intent to Apply: September 13, 2004

Pre-Application Sessions:

1:00 to 3:00, August 24, 2004 in Roanoke

10:00 to Noon and 1:00 to 3:00 PM, August 30, 2004 in Richmond

¹ TANF -- Temporary Assistance for Needy Families

CHECKLIST: CONTENTS OF APPLICATION

The sub-grant application consists of the following forms and narrative documents that must be submitted by October 7, 2004:

1. Sub-grant Application Cover Sheet (***signature required***) and, if necessary, an additional sheet listing participant localities

*Note: Signature on preceding cover page should be from the person who has authority to formally commit the organization, locality, or state agency to comply with all the terms of the sub-grant application including the provision of the required cash match. This **must** be the chief executive officer of the applicant organization, the highest elected officer of the locality, or, in the case of a state agency, the agency head. If someone other than one of these officials has been delegated the authority to sign, and signs the sub-grant application, provide a copy of the letter, memorandum or other document by which the signing authority was delegated.*

2. Table of Contents
3. Key Sub-grant Contacts
4. Certification Of Compliance With General Sub-grant Conditions And Assurances (***signature required***)
5. Federal Assurances Form SF-424B (***signature required***)
6. Proposal Summary (one page)
7. Proposal Narrative (up to 15 pages, plus additional page/s allowed for Item B5)
 - a. Needs Assessment
 - b. Proposed Approach
 - c. Population to be Served
 - d. Outcomes (Employment and Employment-related)
 - e. Organizational, Staff, and Provider Qualifications
 - f. Collaborative Agreements
8. Implementation (up to 3 pages)
9. Budget (up to 7 pages)
 - a. Personnel Costs
 - b. Full Budget
 - c. Justification Narrative
10. Applicable Attachments (not counted in page limitations above) Depending on the proposal, these may include:
 - a. Position descriptions for positions to be funded through the RFA
 - b. Data for all participating localities possibly related to:
 - i. Needs Assessment,
 - ii. Projected Participants and
 - iii. Outcomes
 - c. References
 - d. Interagency Agreements/Documents relevant to the application
 - e. Community Partners and Documentation of Support (***signatures required***)

Below is the list of documents and number of copies that must be submitted by October 7, 2004:

- Three copies (with original signatures), each in a yellow folder (to be part of agreement for those awarded funds)
- One copy in a green folder, with clips but no staples
- One copy sent electronically in Word format to tanf.grant@dss.virginia.gov

Note:

These first three pages are not part of the proposal and should be deleted from the final application submitted.

In the RFA Template on the following pages, the italicized instructions do not need to be included in the proposal and may be deleted from the template.

The document should use Times New Roman font and be 12 pitch font in the text or 10 pitch font in tables and have one-inch margins.

TANF SUB-GRANT COVER APPLICATION FORM

Virginia Department of Social Services (VDSS)

Request for Application: Sub-grant Number GBEN-04-02

Sub-grant Program:	Employment Advancement for TANF Participants
Applicant Organization:	
Mailing Address:	
Federal ID Number:	<i>If known. Not needed for LDSS or state agency.</i>
Geographic Coverage:	<input type="checkbox"/> Statewide <input type="checkbox"/> Region <input type="checkbox"/> District <input type="checkbox"/> Single Locality Jurisdiction(s): <i>attach a sheet listing localities</i>
Partner Organizations:	<i>lead organizations involved in implementation of proposal</i>
Program Title:	
Sub-grant Period:	December 1, 2004 – May 31, 2006
Primary focus of funding: <i>(check all that apply)</i>	<input type="checkbox"/> Assessment <input type="checkbox"/> Work Preparation <input type="checkbox"/> Treatment Intervention <input type="checkbox"/> Job Placement <input type="checkbox"/> Job Retention <input type="checkbox"/> Job Advancement <input type="checkbox"/> Other Specify:
Total funds requested:	Match:
Primary provider(s) funded:	
Fiscal agent/organization:	
Mailing Address:	

In compliance with this RFA, as published by the Department, and to all the conditions imposed therein and hereby incorporated by reference, the undersigned offers and agrees to furnish the services described in accordance with the attached signed proposal or as mutually agreed upon by subsequent negotiation.

By: _____ Date: _____
(Signature in ink)

Name: _____ Title: _____

Address (if different from above): _____

Phone: _____ Fax: _____ E-mail: _____

TABLE OF CONTENTS

(Please note page number for each of the sections and sub-sections.)

Page Number

Key Sub-grant Contacts

Certification of Compliance with General Sub-grant Conditions and Assurances

Federal Assurances Form SF-424B

Proposal Summary

Proposal Narrative

1. Needs Assessment
2. Proposed Approach
3. Population to be Served
4. Outcomes (Employment and Employment-related)
5. Organizational, Staff, and Provider Qualifications
6. Collaborative Agreements

Implementation

Budget

1. Personnel Costs
2. Full Budget
3. Justification Narrative

Attachments (list)

1. Position descriptions for positions to be funded through the RFA
2. Data for all participating localities possibly related to:
 - a. Needs Assessment,
 - b. Projected Participants and
 - c. Outcomes
3. References
4. Interagency Agreements/Documents relevant to the application
5. Community Partners and Documentation of Support

KEY SUB-GRANT CONTACTS

Project Director:

Name: _____ Title: _____

Organizational Name: _____

Address: _____

Phone: _____ Fax: _____ E-mail _____

Fiscal Agent:

Name: _____ Title: _____

Organizational Name: _____

Address: _____

Phone: _____ Fax: _____ E-mail _____

Project Coordinator (if applicable and known):

Name: _____ Title: _____

Organizational Name: _____

Address: _____

Phone: _____ Fax: _____ E-mail _____

Other: _____ *(specify role)*

Name: _____ Title: _____

Organizational Name: _____

Address: _____

Phone: _____ Fax: _____ E-mail _____

GENERAL SUB-GRANT CONDITIONS AND ASSURANCES

The applicant, for federal and state funds administered by the Virginia Department of Social Services (VDSS), gives assurances and certifies with respect to the sub-grant that it will comply with the following requirements:

1. The applicant will comply with all applicable provisions of the funding source and the VDSS Program Guidelines and Application Procedure Manual for Grants and the applicable Active Program Guide for Applicants.
2. The applicant assures that fund accounting, auditing, monitoring, and such evaluation procedures as may be necessary to keep such records (as VDSS shall prescribe) shall be provided to assure fiscal control, proper management, and efficient disbursement of funds received under this sub-grant.
3. **CHANGES TO THE AGREEMENT:** Changes can be made to the sub-grant agreement. The parties may agree in writing to modify the scope of services. An increase or decrease in the price of the agreement resulting from such modification shall be agreed to by the parties as a part of their written agreement to modify the scope of the sub-grant agreement.
4. **DEFAULT AND/OR CANCELLATION OF SUB-GRANT:** In the case of failure to deliver services in accordance with the terms and conditions, DSS, after due oral and written notice, may obtain them from other sources. The purchasing agency reserves the right to cancel and terminate any resulting sub-grant, in part or in whole, without penalty, upon thirty (30) days written notice to the sub-grantee. In the event the initial sub-grant period is for more than 18 months, the resulting sub-grant shall be terminated by either party, without penalty, after the initial 18 months of the sub-grant period upon thirty (30) days written notice to the other party. Any sub-grant cancellation notice shall not relieve the sub-grantee of the obligation to deliver and/or perform all services agreed to prior to the effective date of cancellation.
5. **INSPECTION AND AUDIT:** The applicant agrees to retain all books, records, and other documents relative to this sub-grant for **five (5) years after final payment, or until audited by the Commonwealth of Virginia**. The agency, its authorized agents, and/or State auditors shall have full access to and the right to examine any of said materials during said period. The applicant further agrees to comply with the organizational audit requirements of OMB Circular A-128, "Audits of State and Local Governments" or the Single Audit Act and OMB Circular A-133.

A copy of all audits must be forwarded to DSS within thirty days after receipt of the report by the institution or agency. The audit report shall be submitted no later than one (1) year from the end-date of the sub-grant award as stated on the Statement of Sub-grant Award/Acceptance, and for each audit cycle thereafter covering the entire award period as originally approved or amended. The management letter must be submitted with the audit report.
6. **ANTI-DISCRIMINATION:** The applicant certifies to the Commonwealth that they will conform to the provisions of the Federal Civil Rights Act of 1964, as amended, as well as the Virginia Fair Employment Contracting Act of 1975, as amended, where applicable, the

Virginians With Disabilities Act, the Americans With Disabilities Act and Section 11-51 of the Virginia Public Procurement Act which provides:

In every contract over \$10,000 the provisions in items 1 and 2 below apply:

1. During the performance of this sub-grant, the applicant agrees as follows:
 - a. The applicant will not discriminate against any employee or applicant for employment because of race, religion, color, sex or national origin, or disabilities, except where religion, sex or national origin is a bona fide occupational qualification reasonably necessary to the normal operation of the applicant. The applicant agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this nondiscrimination clause.
 - b. The applicant, in all solicitations or advertisements for employees placed by or on behalf of the applicant, will state that such contractor is an equal opportunity employer.
 - c. Notices, advertisements and solicitations placed in accordance with federal law, rule or regulation shall be deemed sufficient for the purpose of meeting the requirements of this Section.
2. The applicant will include the provision of item one above in every subcontract or purchase order over \$10,000, so that the provisions will be binding upon each subcontractor or vendor.

The applicant assures that in the event a federal or state court or federal or state administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, or disabilities against a recipient of funds, the recipient will forward a copy of the finding to VDSS.

7. **ETHICS IN PUBLIC SUB-GRANTS ADMINISTRATION:** By submitting their proposals, applicants certify that their proposals are made without collusion or fraud and that they have not offered or received any kickbacks or inducements from any other applicant in connection with their proposal, and that they have not conferred on any public employee having official responsibility for this procurement transaction any payment, loan, subscription, advance, deposit of money, services or anything of more than nominal value, present or promised unless consideration of substantially equal or greater value was exchanged.
8. **IMMIGRATION REFORM AND CONTROL ACT OF 1986:** By submitting their proposals, the applicants certify that they do not and will not during the performance of this sub-grant employ illegal alien workers or otherwise violate the provisions of the federal Immigration Reform and Control Act of 1986.
9. **QUALIFICATIONS OF APPLICANTS:** DSS may make such reasonable investigations as deemed proper and necessary to determine the ability of the applicant to perform the work and the applicant shall furnish DSS all such information and data for this purpose as may be requested. DSS reserves the right to inspect applicant's capabilities. DSS further reserves the right to reject any application if the evidence submitted by, or investigations of, such applicant

fails to satisfy DSS that such applicant is properly qualified to carry out the obligations of the sub grant and to complete the work contemplated therein.

10. **NONDISCRIMINATION OF APPLICANTS:** An applicant shall not be discriminated against in the solicitation or award of this sub-grant because of race, religion, color, sex, national origin, age, or disability or against faith-based organizations. If the award of this sub-grant is made to a faith-based organization, and an individual who applies for or receives goods, services, or disbursements provided to this sub-grant objects to the religious character of the faith-based organization from which the individual receives or would receive the goods, services, or disbursements, the public body shall offer the individual, within a reasonable period of time after the date of his objection, access to equivalent goods, services, or disbursements from an alternative provider.
11. **AVAILABILITY OF FUNDS:** It is understood and agreed between the parties herein that DSS shall be bound hereunder only to the extent of the funds available or which may hereafter become available for the purpose of this agreement.
12. **RENEWAL OF SUB-GRANT:** This sub-grant may be renewed by VDSS upon written agreement of both parties not to exceed two successive one year periods (after the end of the 18-month period), under the terms of the current sub-grant, and at a reasonable time (approximately 60 days) prior to the expiration.
13. **APPLICANT PERFORMANCE:** The purchasing agency may monitor and evaluate the applicant's performance under the sub-grant through analysis of required reports, expenditure statements, site visits, interviews with or surveys of relevant agencies/ organizations and individuals having knowledge of the applicant's services or operations, audit reports, and other mechanisms deemed appropriate by the purchasing agency. A review at the nine-month point may result in a decrease in the sub-grant's funding level or termination of funding. Performance under this sub-grant shall be a primary consideration for continuation of this sub-grant and/or full funding and may be a consideration in future renewals, sub-grant awards and negotiations.
14. **CONFIDENTIALITY:** Any information obtained by the applicant concerning recipients of services under this agreement shall be treated as confidential in accordance with relevant provisions of State and federal law.
15. **OWNERSHIP OF MATERIAL:** Ownership of all data, material and documentation originated and prepared for VDSS pursuant to the RFA shall belong exclusively to the State and be subject to public inspection in accordance with the Virginia Freedom of Information Act. Trade secrets or proprietary information submitted by an applicant shall not be subject to public disclosure under the Virginia Freedom of Information Act; however, the applicant must invoke the protection of this section prior to or upon submission of the data or other materials, and must identify the data or other materials to be protected and state the reasons why protection is necessary.
 - Any reports, studies, curricula, photographs, negatives, films, videos, or other documents prepared by the applicant in the performance of its obligations under this sub-grant shall be the exclusive property of VDSS and all such materials shall be remitted to VDSS upon completion, termination or cancellation of this sub-grant. The applicant shall not use,

willingly allow or cause to have such materials used for any purpose other than performance of the applicant's obligations under this sub-grant without the prior written consent of the purchasing agency.

- Any materials produced under this sub-grant must bear a statement that the project was supported by the purchasing agency and identify the title of the funding source. The sub-sub-grantee agrees that any publication (written, visual, or sound, but excluding press releases newsletters, and issue analyses) issued by the sub-grantee or by any Applicant describing programs or projects funded in-whole or in-part with Federal Funds, shall contain the following statement:

This project was supported by VDSS Sub-grant #GBEN-05-02, with funds made available to Virginia from the U.S. Department of Health and Human Services.

Points of view or opinions contained within this document are those of the author and do not necessarily represent the official position or policies of VDSS or the U.S. Department of Justice/U.S. Department of Health and Human Services.

The applicant also agrees that one copy of any such publication will be submitted to VDSS to be placed on file and distributed as appropriate to other potential applicants or interested parties. VDSS may waive the requirement for submission of any specific publication upon submission of a request providing justification from the applicant.

16. **EQUIPMENT**: Equipment purchased under the terms of this sub-grant shall be limited to equipment indicated in the attached budget. Ownership of equipment purchased under this sub-grant may revert to VDSS at the end of the sub-grant period when ownership is requested by VDSS in writing. No depreciation or use charges on equipment purchased under this sub-grant shall be claimed on this or any future sub-grant with VDSS or any of its agents.
17. **FISCAL ADMINISTRATION**: These funds are not intended to supplant existing resources or to duplicate existing funds. It is expected that this source of revenue will encourage and stimulate contributions from other public and private sources.
 - A statement of sub-grant award/acceptance will be signed between VDSS and the local administrator of the applying agency upon granting of an award.
 - The applicant will be required to maintain adequate accounting records to support all requests for reimbursement. These records shall be available for review by the State.
18. **COMPENSATION**: to the sub-grantee for delivered services shall be as follows:
 - The sub-grantee shall be paid on a cost reimbursable basis.
 - Actual expenditures shall be submitted pursuant to approved line item budget categories.
 - If the sub-grantee or its fiscal agent is a local social services department, then the reimbursement will be handled through VDSS' statewide local financial system – LASER. Reimbursements are handled on a monthly basis.

- If the sub-grantee is a state agency, then reimbursement will be handled through Virginia's Interagency Transfer system. The state agency must submit back-up documentation for the billed services.
 - If the sub-grantee is not a state agency or local social service department, then the sub-grantee will need to submit monthly invoices to VDSS unless a local social services department is serving as the fiscal agent. For these sub-grantees:
 - Upon approval of the sub-grant award, the sub-grantee will be reimbursed for expenses on a **monthly** basis according to the terms of the sub-grant award. Therefore, the applicant agency must be prepared to pay expenses as they are incurred and then submit expenditure statements/request for funds on a **monthly** basis to VDSS for reimbursement. The sub-grantee shall invoice the purchasing agency each **month** on forms supplied by the purchasing agency and shall submit an expenditure statement/request for funds and financial report showing no services delivered if that is the case in any invoice period.
 - The sub-grantee should allow 30 days from the time expenditure statements/request for funds are received by the Department until reimbursement is received. If errors are found in the expenditure statements, the 30 days will be from the date errors are corrected. Expenditure statements/request for funds which are valid and correct shall be processed and paid no later than thirty (30) calendar days after receipt of the expenditure statement/request for funds.
 - Reimbursement shall be made electronically, using the Virginia Department of Account's Remittance Electronic Data Interchange (EDI).
 - No amendments to the approved budget may be made without the prior written approval of VDSS. Budget amendments must be requested in writing.
 - If the sub-grantee fails to correctly provide any services and/or reports as specified in the terms and conditions of the sub-grant, and in the time period specified, the purchasing agency may withhold payment of expenditure statements/request for funds until said services and/or reports are provided. All services provided by the sub-grantee pursuant to this sub-grant shall be performed to the satisfaction of the purchasing agency, and in accord with applicable federal, State and local laws, ordinances, rules and regulations. The sub-grantee shall not receive payment for work found by the purchasing agency to be unsatisfactory, or performed in violation of federal, State or local laws, ordinances, rule or regulations.
 - The sub-grantee shall be required to maintain accounting records to support all requests for reimbursement. These records shall be available for review by the State. Expenditures will be monitored by VDSS.
16. **DRUG-FREE WORKPLACE:** During the performance of this sub-grant, the applicant agrees to (i) provide a drug-free workplace for the applicant's employees; (ii) post in conspicuous places, available to employees and applicants for employment, a statement

notifying employees that the unlawful manufacture, sale, distribution, dispensation, possession, or use of a controlled substance or marijuana is prohibited in the applicant's workplace and specifying the actions that will be taken against employees for violations of such prohibition; (iii) state in all solicitations or advertisements for employees placed by or on behalf of the applicant that the applicant maintains a drug-free workplace; and (iv) include the provisions of the foregoing clauses in every sub-grant or purchase order of over \$10,000, so that the provisions will be binding upon each sub-applicant or vendor.

For the purposes of this section, “drug-free workplace” means a site for the performance of work done in connection with a specific sub-grant awarded to an applicant in accordance with this certification, the employees of whom are prohibited from engaging in the unlawful manufacture, sale, distribution, dispensation, possession or use of any controlled substance or marijuana during the performance of the sub-grant.

17. **SMOKE FREE ENVIRONMENT**: By submitting their proposals, applicants certify to the Commonwealth that they will comply with the requirements of Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), which requires that smoking not be permitted in any portion of any indoor facility owned or leased or granted by an entity and used routinely or regularly for the provisions of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant. The law does not apply to children’s services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

CERTIFICATION

I certify that all the information presented is correct, that there has been appropriate coordination with affected agencies, and that the applicant will comply with the General Sub-Grant Conditions and Assurances and all other federal and state laws and rules and regulations that apply to this award.

AUTHORIZED OFFICIAL’S SIGNATURE:

Signature

Date

Title

Organization

“SF 424B FORM – ASSURANCES – NON-CONSTRUCTION PROGRAMS”

Authorized Certifying Officials of agency applying for funding must sign the following form listed below to be considered for this sub-grant.

“SF 424B – Assurances – Non-Construction Programs”

1. *Hold the “CTRL” key down while clicking on the link below to access form SF424B – Assurances – Non-Construction Programs, **OR** simply click on the link below to access the form.*

<http://www.acf.hhs.gov/programs/ofs/grants/sf424b.pdf>

2. *Once the form is accessed, click on “File,” then “Print.”*

Read, sign and include form “SF424B – Assurances – Non-Construction Programs” in your completed application, following the signature page on General Conditions and Assurances.

NOTE: If applicants have difficulty including this in the electronic version, just leave a page with the header in the electronic version to be sent to VDSS.

PROJECT SUMMARY

(One page)

Proposal Title:

Provide a summary of the proposal that, where applicable, includes the following information:

Purpose and goals

Community partners

Services to be provided

Projected number to be served and outcomes

Use of funds

Non-grant/local funds provided (source and use)

SECTION I. PROPOSAL NARRATIVE (15 page maximum)

The narrative must clearly addresses each of the following, in the order listed. If some are not applicable, indicate so. Concise and specific documents will be viewed most favorably. Requested attachments will not count against the page limits.

PROPOSAL TITLE:

- A. **NEEDS ASSESSMENT** -- document the client needs for proposed services. Include quantitative data and identify source.
- B. **PROPOSED APPROACH** – address each of the following items in the order noted by their headers. If some are not applicable indicate NA. Add other items if necessary to fully present proposal. Specify how services will expand and not be duplicative of current offerings of LDSS.

1. Project scope:

2. Services:

3. Interactions with LDSSs' existing VIEW program (See Section II.H of RFA Information Document)

4. Method of provision (purchase per service unit, individual, performance contract, referral, direct):

5. Provider(s):

Agency/Organization #1:

Role in the project: (description of partnership, new/prior, scope, services provided, prior outcomes)

Entity will receive funding through project? ☐ No ☐ Yes If Yes, estimated amount \$ _____

Identify method of purchase: Client-specific purchase order ☐ Performance contract ☐

Other (Specify) _____

Identify financial or in-kind resources brought to the project:

Agency/Organization #2: (repeat as needed for other organizations – listing of additional organizations will **not** count against the page limit)

Role in the project: (description of partnership, new/prior, scope, services provided, prior outcomes)

Entity will receive funding through project? ☐ No ☐ Yes If Yes, estimated amount \$ _____

Identify method of purchase: Client-specific purchase order ☐ Performance contract ☐

Other (Specify) _____

6. Identify matching and other funds that support proposal: (Specify type and amount of funds. See Section II.I.3.)

Grant \$ _____ Other Federal \$ _____ VDSS \$ _____ Other State Government \$ _____

Local Government \$ _____ Foundation \$ _____ Private \$ _____ Other \$ _____

7. Define screening process (used to identify potential impairments and barriers to employment, including names of screening and assessment tools used):

8. Specify diagnostic tests and specialized professionals (to be used for the assessment process):

C. POPULATION TO BE SERVED

1. Describe population: (Provide a narrative and complete a table on the base population and another for the projected population to be served.)

Base Population (See Appendix C of RFA Guidance Document)			
TANF Cases June 2004	VIEW June 2004	Transitional* June 2004	Diversions Assistance Cases (SFY04)

* Transitional refers to individuals who have been off TANF for up to 24 months. If any population is larger than noted in the Appendix C, provide a justification for the difference. Note: In the appendix, June 2004 data are point-in-time for one month, while SFY 04 data are cumulative for the year.

Projected Number of TANF Clients to be Served 12/1/2004 – 5/31/2006						
		Diversions Assistance Cases	VIEW-Exempt	VIEW	Transitional*	Total
A	Estimated number to be served in FY2005 – six months (12/1/2004 to 5/31/05)					
B	Estimated number to be carried over and served in FY2006 – (6/1/2005 to 5/31/06)					
C	Estimated number of new to be served in FY2006 – (6/1/2005 to 5/31/06)					
D	Totals					

For projects with multiple localities, put the locality data in an attachment which will not be counted as part of the 15 page limit.

* Transitional refers to individuals who have been off TANF for up to 24 months.

2. Specify process to enroll and retain TANF/Post-TANF participants and include specific strategies to overcome possible barriers to enrollment and retention.

D. OUTCOMES

1. Expected Benefits (describe the benefits of the program/services and identify the employment and other outcomes in the two tables below)

EMPLOYMENT OUTCOMES

Clients Served and Employment Outcomes (by project and locality)					
		VIEW-Exempt	VIEW	Transitional	Total
A	Estimated number of clients entering employment in FY2005 (6 months)				
B	Estimated number of clients entering employment in FY2006 (12 months)				
C	Total for FY2005 and FY2006				
D	Portion of Total for FY2005				
E	Portion of Total for FY2006				
JOB RETENTION, WAGES AND BENEFITS (Rows F and G)					
F	FY2005: Of the total number estimated to be employed in the Total Column of Row D, identify:				
	Employed 90 Days	Employed 180 Days	Employed 1 Year	Average wage	# Employed with benefits
G	FY2006: Of the total number estimated to be employed in the Total Column of Row E, identify:				
	Employed 90 Days	Employed 180 Days	Employed 1 Year	Average wage	# Employed with benefits
HOURS OF EMPLOYMENT (Rows H and I)					
H	FY2005: Of the total number estimated to be employed in the Total Column of Row D, identify:				
	Employed less than 30 Hours/week	Increased Hours to 30 hours/ week	Increased Hours to 40 hours/ week		
I	FY2006: Of the total number estimated to be employed in the Total Column of Row E, identify:				
	Employed less than 30 Hours/week	Increased Hours to 30 hours/ week	Increased Hours to 40 hours/ week		
FOR JOB AND WAGE ADVANCEMENT <i>IF APPLICABLE</i> (Rows J and K)					
J	FY2005: Identify the number (from Total column of Row D participating in an advancement effort: _____ and specify for this population:				
	Average increase in wages	# gaining health benefits	# Obtaining wage increase	# Obtaining promotion	
K	FY2006: Identify the number (from Total column of Row E participating in an advancement effort: _____ and specify for this population:				
	Average increase in wages	# gaining health benefits	# Obtaining wage increase	# Obtaining promotion	

Note: For projects with multiple localities, put the locality data in an appendix.

EMPLOYMENT-RELATED AND OTHER OUTCOMES *(delete rows not needed)*

Clients Served and Other Outcomes (by project and locality)					
	Outcomes	VIEW-Exempt	VIEW	Transitional	Total
A.	Obtaining a GED	FY2005			
		FY2006			
	18-Month TOTAL				
B.	Obtaining SSI	FY2005			
		FY2006			
	18-Month TOTAL				
C.	Completion of Treatment	FY2005			
	<i>(specify type)</i>				
		FY2006			
	18-Month TOTAL				
D.	Other <i>(identify)</i>	FY2005			
		FY2006			
	18-Month TOTAL				
E.	Other <i>(identify)</i>	FY2005			
		FY2006			
	18-Month TOTAL				
F.	Other <i>(identify)</i>	FY2005			
		FY2006			
	18-Month TOTAL				
G.	Other <i>(identify)</i>	FY2005			
		FY2006			
	18-Month TOTAL				

Note: For projects with multiple localities, put the locality data in an appendix.

2. Method for tracking and reporting on above outcomes

E. ORGANIZATIONAL, STAFF, AND PROVIDER QUALIFICATIONS

- 1. Experience** (including work with the TANF population) and **credentials of organization(s)** related to proposed scope of work (*including providers to be funded*):
- 2. Documentation of results (outcomes) of prior comparable work** (*applicant and providers to receive funds*):
- 3. Experience (including work with the TANF population) and credentials of staff** (*including funded providers*):
- 4. References for related past work** (*list in Attachments*)
- 5. Exhibits/documents of past/current work** (*related to proposal*):

Applicants may submit ONE set of or list any available for review, as part of qualifications statement.

F. COLLABORATIVE AGREEMENTS

Identify community partners and the collaborative agreements and processes in place for the implementation of the proposal.

1. Community Partners:

2. Agreements:

Applicants should provide evidence in the proposal related to community collaboration and the use of community services in service delivery.

Please provide in the attachments: interagency agreement(s) or other comparable documents to demonstrate such collaboration and a completed “Community partners and Documentation of Support” document.

If other agencies are specifically responsible for implementing portions of the proposal, this should be defined in the Narrative section and reflected in an agreement.

3. Processes used to enhance partnerships and services to clients:

SECTION II. IMPLEMENTATION (3 pages maximum)

Please complete the timeline of services proposed. Identify implementation date.

The proposed services are: __ New __ Currently in place __ To be expanded.

WORK PLAN

Action Steps	Agency/Individual Responsible	Start Date	End Date

SECTION III. PROPOSED BUDGET (up to 7 pages)

Complete budget documents for the project's operation for 18 months. – December 2004 through May 2006.

Budget documents include:

- b. Personnel Costs Form*
- c. Full Budget Form*
- d. Justification Narrative that includes*
 - i. Description of each proposed expenditure and*
 - ii. Justification of proposed expenditure, with an explanation of the need.*

All expenses included in the application must be allowable under federal and state regulations, must be reasonable and necessary and apply directly to the project. Note funding restrictions in guidance document.

Identify any initiative to diversify and expand funds, including the use of Medicaid.

ITEMIZED BUDGET – PERSONNEL COSTS

SUB-GRANT PERIOD: 12/1/2004 through 5/31/2006 **APPLICANT NAME:**

STAFF	HOURS PER WEEK	% OF TIME ON PROJECT	ANNUAL SALARY	VDSS FUNDS REQUESTED *		
				12/1/04 – 5/31/05	6/1/04 – 5/31/06	TOTAL DSS REQUEST
1.						
2.						
3.						
4.						
5.						
6.						
PERSONNEL SUBTOTAL.	XX	XX	XX			
BENEFITS	XX	XX	XX			
TOTAL PERSONNEL	XX	XX	XX			

* Awarded funds cannot be used to supplant existing funds.

BUDGET SUMMARY

SUB-GRANT PERIOD: 12/1/2004 through 5/31/2006 APPLICANT NAME:

BUDGET CATEGORY	VDSS FUNDS REQUESTED *			MATCH PROVIDED**		TOTAL FUNDS
	12/1/04 – 5/31/05	6/1/04 – 5/31/06	TOTAL VDSS REQUEST	12/1/04 – 5/31/05	6/1/04 – 5/31/06	
PERSONNEL COSTS						
PURCHASE SVCES						
MEDICAL SVCES						
TELEPHONE						
EQUIPMENT						
PRINTING						
CONSUMABLE SUPPLIES						
TRAVEL						
MGT/PROF SVC.						
LEASE/PURCHASE						
RENT & UTILITIES***						
OTHER (Specify)						
TOTAL REQUESTED FROM VDSS						

* Awarded funds cannot be used to supplant existing funds. ** Optional

***Allowed only if meets specified requirements.

BUDGET NARRATIVE

The proposed use of funds should be detailed and itemized by line item. In this section, write a justification for each expense requested in the budget by line item. This should be completed for total 18-month-period.

LINE ITEM	AMOUNT REQUESTED
PERSONNEL:	\$ _____
Fringe Benefits (Indicate Type of Benefit)	\$ _____
Sub-Total Expenses Requested for Personnel	\$ _____

Explanation for position and costs (*include position description as an attachment*):

PROGRAM EXPENSES:

Explain and justify each line item, including how costs were determined for each item.

LINE ITEM	AMOUNT REQUESTED
Purchase Services Provide basis for each purchased service Explanation:	\$ _____
Medical Services Explanation:	\$ _____
Telephone Explanation:	\$ _____
Equipment Explanation:	\$ _____
Printing Explanation:	\$ _____
Consumable Supplies Explanation:	\$ _____

Travel \$ _____
Explanation:

Management/Professional Services \$ _____
Explanation:

Lease/Purchase \$ _____
Explanation:

Rent and Utilities (*See restrictions*) \$ _____
Explanation:

Other (*Specify*) \$ _____
Explanation:

Subtotal of Program Expenses \$ _____

ATTACHMENTS

LIST

List all attachments included in this cover sheet in the sequence included in the document..

Applicable Attachments (not counted in page limitations): Depending on the proposal, these may include:

1. *Position descriptions for positions to be funded through the RFA*
2. *Data for all participating localities possibly related to:*
 - a. *Needs Assessment,*
 - b. *Projected Participants and*
 - c. *Outcomes*
3. *References*
4. *Interagency Agreements/Documents relevant to the application*
5. *Community Partners and Documentation of Support (signatures required)*

If any attachment cannot be included in the electronic document, indicate that beside the listed item and indicate whether it is being sent as a separate attachment or included only in the mailed version of the application.

COMMUNITY PARTNERS AND DOCUMENTATION OF SUPPORT

Partner #1: *(name of organization)*

Agrees to provide/participate as follows: *(specify if participant and/or provider and indicate contributions to be made with and without cost)*

Name: _____ Title: _____

Address (if different from above): _____

Phone: _____ Fax: _____ E-mail _____

By: _____ Date: _____
(Signature in ink)

Partner #2: *(name of organization – repeat as needed)*

Agrees to provide/participate as follows: *(specify if participant and/or provider and indicate contributions to be made with and without cost)*

Name: _____ Title: _____

Address (if different from above): _____

Phone: _____ Fax: _____ E-mail _____

By: _____ Date: _____
(Signature in ink)